

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002127 (7)
1. Corporation Name
EUROPA CASINO MANAGEMENT CORPORATION



Principal Place of Business
150-153RD AVE. SUITE 200
MADEIRA BEACH FL 33708

Mailing Address
150-153RD AVE. SUITE 200
MADEIRA BEACH FL 33708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3276354	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BULLOCK, LESTER 150-153RD AVE. SUITE 200 MADEIRA BEACH FL 33708		10. Name and Address of New Registered Agent	
		81. Name Deborah A. Vitale	
		82. Street Address (P.O. Box Number is Not Acceptable) 150 - 153rd Ave., Suite 200	
		83. City	
		84. City Madeira Beach	85. Zip Code FL 33708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Deborah A. Vitale* DATE: 4-6-98
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO BULLOCK, LESTER 150-153RD AVE. SUITE 200 MADEIRA BEACH FL 33708	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CFO GLADSTONE, DEBRA 150-153RD AVE. SUITE 200 MADEIRA BEACH FL 33708	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DC VITALE, DEBORAH 1013 PRINCESS ST. SUITE 200 ALEXANDRIA VA 22314	3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HEDLEY, PIERS 150-153RD AVE. SUITE 200 MADEIRA BEACH FL 33708	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Duber, John
STREET ADDRESS		4.3 STREET ADDRESS	20018 Westover Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Rocky River, Ohio 44116
TITLE		5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DeMattia, Paul J.
STREET ADDRESS		5.3 STREET ADDRESS	4002 Pine Forest Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Parma, Ohio 44134
TITLE		6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Harrison, gregory A.
STREET ADDRESS		6.3 STREET ADDRESS	16209 Kimberly Grove
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Calverton, Maryland 20878

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sections 607.0502 and 607.1508, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Deborah A. Vitale* DATE: 4-6-98 393-2885

CR2E034 (10/97)